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Editor: Sr. M. Angelica; Business, Sr. M. Cabrini
Our Artists: Thos. and Dan Barron; Robert McGovern

the medical missionary

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The Medical Mission Sisters, founded in 1925, by Mother Anna Dengel, M.D., are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, Indonesia and South America. American Provincialate: 8400 Pine Rd., Phila. 11, Pa.

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The Great Pope of Peace has gone to His eternal reward

Sister M. Richard

By the time these words are printed, a new Pontiff will have been chosen and the Catholic world will rejoice with great joy. We shall have a "new Holy Father". But just now, as I write, there is a "good Friday" feeling among Catholics, an incompleteness, a void, because our Holy Father, Pope Pius XII is no longer among us.

A whole universe of children, friends and enemies have acknowledged his greatness. Most probably, you have read the sincere, eloquent, scholarly tributes that have been written and spoken around the world. People of renown as well as millions of very humble circumstances consider his death a personal sorrow, a personal loss.

And we, Medical Mission Sisters, members of a small battalion in the missionary forces, how bereaved we are!

Who has spoken so emphatically to Religious, given such wise counsels, told us so succinctly, and surely: "Be what you are; let your lives bear witness"?

Who has so patiently cautioned us in our chosen vocation, the medical profession. Who has taken such an interest in the medical team, exhorting those who serve the sick to professional excellence, insisting on Christ-like care, explaining, teaching, comforting, stimulating, directing us as physicians, surgeons, pharmacists, nurses, dieticians, technicians and as secretaries, cooks, public relationists as well. Who could fail to find directions and understanding for the particular task she performs in our medical mission apostolate.

Who has been the advocate of the missionary Church, creating an Indian Cardinal, African Bishops, Korean priests? Who has been the father to the missionary, the master planner, author of *Mystici Corporis, Evangelii Praecones, Fidei Donum?* Who has impressed upon our minds and hearts the universality of Holy Mother Church? Who has opened to us Her mysteries, enabling us to live Her life more closely in the liturgy, granted us undreamed of Eucharistic privileges? Who has given to missionaries the example of holiness, the strength, the charity that is essential for those who must, in their own person, bring Christ to non-Christians?

Who, but you, Holy Father, Pope Pius XII.

"The Zeal of Thy House hath eaten him up."

HE COMES – PREPARE YE HIS WAYS

Advent is the season of the Kingdom and the King "Who is to come". The Church sets aside these four weeks that we may prepare for His coming this Christmas and for His final coming at the end of the world, when as King of the Nations, Christ shall come to judge the living and the dead.

The Advent liturgy is full of references to John the Baptist, that mighty forerunner and precursor of the Lord. We can almost hear the blare of trumpets, as out of the desert John suddenly comes forth, heralding the King, announcing in a loud voice—"He comes". John's appearance is like that of a spaceman from another planet. His message, so full of urgency, is disturbing to the everyday pattern of his people's lives. "He whom you have waited for 4,000 years, the Messiah is coming! . . . Prepare ye the way of the Lord. Make straight His paths, every valley shall be filled, and every mountain shall be brought low: and the crooked ways straight and the rough ways plain, and ALL FLESH SHALL SEE THE SALVATION OF GOD."

John's message spread quickly, crowds gathered to hear him. For 20 centuries God had been preparing Israel for this day. He had set it apart from all the nations. In it was to be born the Chosen One, the Messiah. What was John saying? "*ALL FLESH* shall see the salvation of God." Was not theirs to be an exclusive Kingdom, with Jerusalem the capital of the world?

Prepare ye His ways . . . *His* ways *are not our ways. His thoughts are not our thoughts.* John's message was disconcerting then, as it still is today. It was one of penance and conversion, not earthly success and glamor. "Bring forth fruits worthy of repentance, John warns them. God's grace is only given to those who are prepared to receive it. John tells each one what he must do to prepare the way of the Lord—the rich must share their wealth with the poor, officials must not overstep their authority, soldiers must show mercy . . . ALL MUST DO PENANCE. It does not suffice that they are "sons of Abraham", that does not entitle them to a place in the kingdom.

John the great ambassador, the great missionary, gave witness even to the sacrificing of his life for His King, proclaiming to a world that knew Him not that "He had Come."

John the Baptist might say to many christians today — "There hath stood One in the midst of you whom you knew not." His message and spirit are still needed, and each Advent the Church reminds us with John's words that we must "prepare the ways of the Lord".

Christ has come in the flesh, but not fully in us, in our world, in every nation. His Kingdom and reign is one of social justice, racial justice, charity and tolerance for ALL. We might ask ourselves this Advent, when we pray "COME LORD JESUS COME" if we really want His Kingdom to come *in us,* and what we are doing to further His reign in our relations with our neighbor, our fellow workmen, etc. What fruits of repentance and what sacrifices are we making to prepare for His coming? And are we "announcing Him" to just a few privileged groups and people we think

are of the right color? HE CAME FOR ALL PEOPLES, in all places and in all times. . . .

****

PREPARING THE WAY OF THE LORD is the task of every christian, every missionary and particularly of the Medical Mission Sister. Like John the Baptist her life and work must be a witness to the Light. She represents to her patients Christ the Divine Physician, who as in the days of John the Baptist, went about healing the sick, cleansing the lepers, giving sight to the blind, and helping the lame to walk. She does not preach, hers is an apostolate of example and deed, witnessing to those about her that Christ is present in their world of today, preparing them that He may come into their lives more fully.

Mother and child are the special concern of the Medical Mission Sister. Wherever they go, and whatever other phase of medical work they may engage in, helping mothers in childbirth, teaching them and preparing them to care for their children after they are born will always be foremost in their apostolate. For many years this work was not considered compatible with the religious state; but in 1936 the Church especially asked for Sisters to be allowed to study and practice medicine in the missions for the sake of the mothers and infants who were dying there by the thousands with no one to help them. In proclaiming this decree, the Church stated that "The religious must see a noble expression of Christian charity in this delicate service, a charitable work destined to ease bodily misery and to open the way for the grace of the Redemption" in other words to "prepare the way of the Lord." This is the Medical Mission Sisters' great privilege and their aim.

HE COMES

He has come, but not yet wholly come; and though the waiting of Israel had been crowned, Israel is nonetheless still waiting. We live always during Advent, we are always waiting for the Messias to come. He has come, but is not yet fully manifest. He is not fully manifest in mankind as a whole: that is to say, that just as Christ was born according to the flesh in Bethlehem of Judea so must He be born according to the spirit in each of our souls. The whole mystery of the spiritual life is that Jesus is forever being born in us. We have got to be always transforming ourselves into Christ, taking on the dispositions of His heart, the judgments of His mind; for the whole meaning of being a Christian is to become bit by bit transformed into Jesus Christ, so that we truly become children of His Father, for the only real children of the Father are those who have fully "put on" the Son, and the mystery of the Christian life is that each soul becomes Christ. In the same way Christ has not fully come in regard to mankind as a whole; though He has come in certain peoples, He has not come in others. There are whole stretches of humanity in which Christ has never been born. The mystical Christ is not yet complete. He is still incomplete, lacking members, and the perfect missionary prayer is for Christ to come in the whole world, for His body to attain its fulness of stature.

JEAN DANIELOU

THE MOTHER IN AFRICA

Rev. Joseph Rutishauser, S. M. B.

She was there once before, in Africa. The Mother fled there with her Child, the Savior of the world, and the Dark Continent sheltered her from the wrath of Herod. But the flight into the Dark Continent was symbolic. Had they fled to innermost darkest Africa, instead of going to Egypt, the mother and her child, under the protection of their holy guardian, would have been the safest and most hidden.

The mother plays an important part in tribal life in Africa. In north-west Uganda, all the more important decisions, even the celebration of a king's coronation, must be submitted to the queen-mother. If she shows scant enthusiasm for a project, it is dropped immediately. Her judgement is decisive. This springs from the assumption that the mother knows her son; she knows what pleases and displeases him. When the mother comes to her son's palace, she reigns in his stead. We would have had two more Uganda martyrs had not the pagan queen mother intervened on their behalf. When her son becomes king, convention requires that he sit on her lap before proceeding to the coronation ceremony as though to express in action that he is her son.

A missionary Sister tried in vain to explain to an African mother that God is love. African religion has a supreme god, reigning over all gods and spirits, but he is so far away that he scarcely troubles himself about the cares and needs of men. Therefore it is more effective to placate the evil minded and revengeful spirits. The Sister found a way out. She appealed to the mother. "Look, God has for us the same feelings as a mother for her children; God's love is like mother-love". Then the Bantu mother understood.

In spite of all the lack of hygiene still rampant in Africa it is touching to see how the African mother clings to her child and the child to her, even literally, so that for years after birth the two are inseparable, the child a part of the mother. Therefore little Tombi's mother is called *Mai Tombi* by everyone, Clare's mother *Mai Clare* and Kizito's, *Mai Kizito*. Not even a preposition is used, for that would separate them too far. Simple, direct and meaningful is her name. "Mother Kizito", because she loves.

But the African child clings to his mother too, not only as a baby riding on her back but later when he goes to school and to work in the town. Clement, left his home and his livelihood here in the town and went home to care for his sick mother. Another made his bed in the administration hospital (it was only a reed mat laid on the cement floor) in order to be near his sick mother though she was getting the necessary nursing care from others. Vitalis, a lad who was at that time a non-Christian followed his mother to a leprosy settlement, though well himself, and nursed her there for years till she was discharged.

In all primitive peoples, but perhaps especially in the Bantu peoples, there is the longing for the maternal and for the divine. Fundamentally it is nothing but the expectation of the gentiles, the waiting of the pagan peoples foretold by Daniel. But it has only been realized in part.

For every people there strikes an hour of grace. For the Jews it struck 2000 years ago but they did not recognize the time of their visitation. For Europe it struck that night when Paul followed the call, "Come over and help us". For Africa it seems to be striking today. The prerequisites are there. While the materialistic West thinks that man does everything and God nothing, the contemplative East and Africa think God does everything and man nothing. And the child has priority. While in the rational, pleasure-seeking West it is tolerated and sometimes not even that, in unsophisticated, inarticulate Africa it is desired, longed for and precious above all money and property.

Africa's hour then will be first of all the hour of the mother, of the Mother of Jesus. Just as among the Jews there would have been no advent of Christ in the flesh without Mary, so among the non-christian peoples there can be no advent of Christ in the spirit, and in the

Blessed Sacrament unless Mary prepares the way. As she prepared her heart and body for Christ's first coming, and as an expectant mother prepares her child's cradle, so now she must prepare His tabernacle among the peoples for His spiritual advent. As she was in Israel before Christ was born, so now she is in Africa before He is born. On its triumphal procession through Africa the statue of Our Lady of Fatima saw thousands of Africans walking with it, and non-christian princes kneeling before it. How could she have known that 2000 years ago when she cried, "Behold from henceforth all generations shall call me Blessed". Not she, but the Holy Spirit, who spoke in her knew it. Did she see the madonnas carved from ebony or moulded from the earth and baked with long and patient labor to the accompaniment of African singing?

Today she is there not only in wood and stone, in clay and ivory, but by her motherly, personal presence. Where Jesus has not yet come, Mary is already present. Some time ago I was asked to forbid the wearing of the rosary to those who are not yet baptized because worn around the neck it is a sign and decoration for the faithful. Today I think one must allow it to the catechumens for where Jesus is not yet come, Mary can already be, preparing souls for Him.

How is it that Mary is loved and honored by peoples who do not yet know her Son? Because in her the deepest longings and the highest ideals of the human heart are personified and united: purity, beauty, grace, charm, motherliness. Even the Bantu in deepest Africa, and he perhaps more so than his civilized tribal brothers living in the towns, knows these longings of the heart. It is on these that our missionary hopes for Africa are founded. Where there are such ideals the ground is prepared for the acceptance and admission of Mary and through her of Christ and His good tidings.

Africa has recognized its mother. As a lost child hurries to the arms of its long looked for mother, so today singing processions swarm towards her. And through the mother, the Queen-mother, they will come to the Child, the King Himself, with the gold of hearty, childlike love, with the incense of their strong prayers and their hymns which fill the churches so powerfully and with the myrrh of their sacrifices and offerings for the faith.

Africa's hour has struck.

(Translated from the Bethlehem Kalendar)

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

MISSION BOOKS

Sister M. Fabian

TEACH YE ALL NATIONS: The Principles of Catholic Mission Theory, by Edward Murphy, S.J. 233 pgs., Benziger N.Y. $2.75.

In reading this very compact book the word that most frequently comes to mind is "ecclesiastical." Without a doubt this study is centered in the Church in Christ living and acting in and through His members.

The first chapters deal with the dogmatic foundations for the missionary work of the Catholic Church. The main theme here is one of unity; unity in Adam through sin and in Christ through Redemption, the latter leading to unity in the Church.

Considering the Church as interested in the whole man, the author deals briefly with the Church as related to the intellectual, cultural, economic and social phases of the life of mankind. He clearly distinguishes between the "influencing power" of Christianity to elevate a culture, and the destructive tendency which seeks to Westernize while Christianizing. The modern aspects and problems of missiology are also treated at some length.

Written clearly and simply, the study is an interesting and solid introduction for the non-specialist.

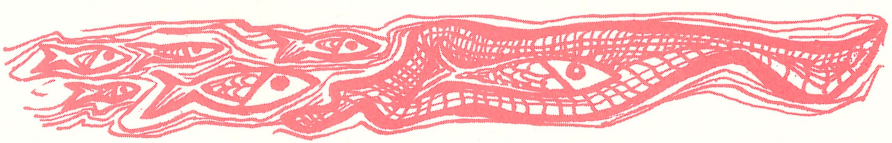
THE PHOENIX RISES: A MISSION HISTORY OF GUAM, BY JULIUS SULLIVAN, O.F.M. CAP. SERAPHIC MASS. ASSO., N.Y.C., 286 pgs., $2.50.

Father Murphy's book gives the missiological theory of the Church, "The Phoenix Rises" tells in concrete fashion of the mission endeavor of the Church on the Island of Guam in the Marianas.

The story begins with the 17th century Jesuit, Father Diego Luis de Sanvitores, who first brought the good tidings to the Guamanian people. The early days of the mission were marked by many conversions, but also by many setbacks. Anti-Catholic agitators spared the superstitions of the so recently pagan converts. The first fifteen years of the mission saw the martyrdom of ten priests and of many heroic Catholic laymen.

Among the many inspiring sections is that dealing with the Japanese occupation of the island, when the Spanish Bishop and the American Capuchins were imprisoned and two Guamanian priests alone cared for the whole flock, one of them giving his life for it.

A valuable addition to any mission library, "The Phoenix Rises" is most rewarding reading.



POPE JOHN XXIII

℣. *Let us pray for our Pontiff, John.*

℟. *The Lord preserve him and give him life, and make him to be blessed upon the earth, and deliver him not up to the will of his enemies.*

(Roman Breviary)

Let us pray for our most holy father, Pope John, entreating of the Lord our God, who hath elected him to the order of bishops, ever to preserve him and to prosper him in all his ways, for the ruling of the holy people of God.

R.I.P. Please pray for our benefactors recently deceased:

His Eminence, Celso Cardinal Costantini, Rome, Italy
His Eminence, Edward Cardinal Mooney, Archbishop of Detroit, Michigan
Most Rev. Archbishop Mario Zanin, Apostolic Delegate to Argentina, So. America
Rev. Paul de Jaegher, S.J., Tapkara, Ranchi Dt., India
Rev. James W. Gibbons, D.D., Philadelphia, Pa.
Rev. John Lane, C.S.C., Notre Dame, Indiana
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Mr. Joseph Winter, Sayeville, L.I., N. Y.

Preparing His Ways In Africa

MOTHERS AND BABIES IN BEREKUM

Sister M. Gregory, M. D.

"Kofi, bra!" resounds down the mud street and all of the urchins in the vicinity begin urging Kofi to hurry into his compound. "Kofi, bra" is the Ashanti equivalent of "Junior, come home." The compound is the center of the Ashanti home and is similar to the Roman courtyard for it is a central unroofed square surrounded by rooms which open onto it.

Kofi was most likely born at home amid the jubilations of his family and relatives. It would have been an occasion of joy; for a new child is considered a blessing from "Nyame." During her pregnancy, Kofi's mother would have announced this fact to the public by a necklace of white beads. Perhaps Kofi's mother was one of the many mothers who came to our Prenatal clinic. In the ten years that Berekum Out-Patient Department has been functioning, we have built up a good prenatal attendance. The mothers are most faithful about coming each month. They love to hear just what foods they must eat so that they and the child will be strong. And for us it is a wonderful opportunity to do some public health work in the matter of diets.

Perhaps one of the reasons why each child is so dearly treasured is the high infant mortality that exists here in Africa. Oftentimes, because of the great distances that must be traveled in order to get medical care, a woman will go the entire pregnancy without any modern medical help. There is, of course, always an abundance of native medical folklore and fetish medi-

cine which is used even in the case of those who attend the clinic regularly. How many times have we seen a mother come, who has first walked or been carried for ten miles and then ridden on a lorry over mud-rutted roads for fifty miles in late obstructed labor. These are the cases which wring one's heart; and we are as sorry as the mother to see the dead child.

All of the obstetric abnormalities that are in the books and a few that aren't present themselves in the delivery room. One night recently, my thoughts were very puzzled as I hurried toward the Obstetric block. According to the books, this case was the reverse of the usual course of events. The woman had travelled to the hospital a distance of 25 miles. She appeared quite pale but had a fair blood pressure and was not bleeding. After some deliberation it was decided that the woman would have to have surgery. As soon as the patient was anesthetized, and the abdominal muscles relaxed, our suspicion of a ruptured uterus was confirmed. Post-operatively the patient did well and the other day she came through the Out-patient Department looking so well that I barely recognized her.

On the other hand we do have our share of joys. The mother who had seven miscarriages and now has a living infant delivered by Caesarian section comes to mind. The joy in her face was infectious. I can recall too, the dance of joy, the shouting and clapping of hands that took place on the verandah, when a family was told that their patient, an elderly mother had delivered a fine baby, the second-born twin. The other had been a still-birth, two days previous, at home.

Should the child survive the dangers of childbirth, there are still many diseases which may claim his life before the age of one year. Chief among these is malaria, which is endemic here in West Africa. It is not unusual to have a two week old infant brought to the dispensary with a history of fever for two or three days accompanied by convulsions. Examinations will reveal a high fever, enlarged spleen and a blood smear full of malaria parasites. As if this weren't bad enough, invariably the baby has been given some native medicine before it has been brought to us. Most common are the native enemas in which the favorite ingredients are red pepper, ginger, or leaves. The abdominal distentions, paralytic ilei, and cerebral intoxications that result are al-

Kofi, riding his sister's back,
Holy Family Hospital, Berekum, Ghana.

Sister M. De Montfort, R.N. with Kofi,
Holy Family Hospital, Berekum.

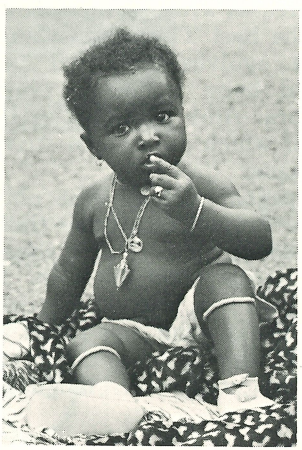
most unbelievable. And then of course, there are the usual childhood diseases such as whooping cough, and measles which are much more severe out here, not to mention all of the parasitic diseases which sap the child's strength.

Almost every mother questioned, will tell you that two, three, or more of her children have died. The need for medical aid for the African people is very great but especially great is that required for the African mother and child. With these facts in mind, it is easy to understand why each child is so cherished. A successful delivery is greeted with the words — "Me da Nyame ase" which is translated as "Thanks be to God." This same phrase is uttered by the mother whether she be African, Muslim, or Christian. One is struck by the inate awareness of the presence of God that is present in the African.

An unwanted child or a frustrated mother are extremely rare among our people. And this security manifests itself in the poise and confidence which our children possess. Personalities? Our babies have them, especially when they are all decked out in their best finery. You can't help beaming when you see a Lagosian infant with painted toe and finger-nails, a beruffled bonnet of the same material as the dress, knitted booties, and face that is accentuated with penciled eyebrows and blue eye shadow. There is a string of colored beads around the waist, on which the diaper is hung. It's a marvelous invention for you don't need pins.

Kofi, not only survived many of the above described vicissitudes of infancy but also that of a tracheotomy. He was brought to the dispensary fighting for his breath. With each breath his poor chest retracted about two inches and he was quite cyanotic. We rushed him to the operating room and did a tracheotomy, which relieved his respiratory distress dramatically. He was a favorite on the ward for about three weeks before he was discharged. On his first return visit to the dispensary I couldn't help but think of my childhood pictures of "Little Sambo". For here was Kofi dressed in fine new clothes, brown corduroy pants, a striped shirt and a pair of red shoes.

Sr. M. Gregory, M.D. and Sr. M. Therese, R.N. showing mother how to tube feed a triplet.



An unwanted child or frustrated mother are extremely rare in Africa. This baby really has personality.

Baptism of the Tenth Child at Holy Family Hospital, Berekum, Ghana, W. Africa.

TENTH CHILD

Sister M. Ronald, R. T. X-ray

The Planned Parenthood Association would find it very difficult to stir up enthusiasm among our African people. Children are greatly loved and wanted, the more, the merrier. A woman's prestige and respect increases with the number of offspring she has! There is a whole ritual that evolves around the mother and baby when the tenth child is born. And it seems to be the goal for which all women strive here in Ghana.

In the pagan customs, the children of the woman must give their mother a sum of money and a sheep when the tenth child is born. If they fail to do this, and the woman in question eats the meat of a sheep, "she will become blind instantly." The day our language teacher told us this in class I asked if he had ever really seen this—he assured me it had happened before his very eyes twice!

Recently, the wife of our catechist had her tenth child—there was a double cause for rejoicing because all ten children were living. Since it is part of the missionaries' task to Christianize what is good in their customs, we decided to take part in the family celebrations of this tenth child.

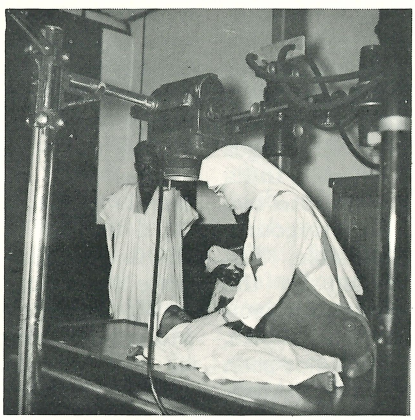
The mother had come to the Dispensary for her pre-natal care and to the hospital for delivery as she had done with all her other children since the hospital opened. A few hours after the baby arrived the father was at the hospital begging the Sisters to let the mother

go home. Sister told him that she should spend a few days in the hospital and rest. Our catechist replied, "Sister, nothing is going right at home, the children are all misbehaving—if she comes home we will let her rest, she will not do any work—but Sister, she can supervise!!" Fathers are the same the world over.

When it came time for Mama and baby to go home, the Sister in the maternity ward gathered all the women around and told them we were going to *DASH* the baby some gifts. As Sister dressed the little one in a new shirt, diaper, dress and blanket, she explained that because it was the tenth child and all were living we were giving these things to the baby. Sister told them that the mother always came to the dispensary for her pre-natal treatment; and if the children became ill she brought them to the hospital for medicine and didn't use Fetish remedies and leaves or herbs first. The women were all admiration for the little ones' finery.

Sister saved the best until last and finally presented the tenth child with a beautiful Baptismal dress. A friend in the States had sent two little nylon dresses for Baptism and one of the Sisters made a little slip to go under it. This got great "Oh's" and "Ah's" from the other mothers and each one had to get a closer look and feel the material. All the while Mama lay in bed proud as a Queen at the attention her newborn was getting.

On September 8th, after High Mass in the Sisters' Chapel, the baby was baptized. We all gathered around Father, and little Kojo became Martin DePorres. The mother and father and the nine other children were very proud of the new member of the Church all dressed in white and sleeping peacefully through the whole ceremony.



Sr. M. Ronald, R.T. X-ray, formerly of Pittsburgh, Pa., now stationed at Holy Family Hospital, Berekum.

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Sister M. Elise, M. D.

A TRIP TO KASHMIRI MOTHERS

Ever since we have had our jeep-station wagon and have been making monthly trips to the villages, our kitchen men have been asking us: "When are you coming to *our* country?" Azad Kashmir, the Pakistani part of that divided country, is an area of narrow mountain ridges and valleys. Partition between India and Pakistan has cut it up into two separate entities, and no intercourse between the two is possible. The Cease Fire Line, guarded by the United Nations, has cut many families in half. Brothers and sisters, parents and children, have not seen each other for eleven years. Army camps dot the mountain sides, and about fifty percent of the young men are sepoys. The rest of them often have to leave their beloved hills to find employment elsewhere. Agriculture is limited to small patches and terraces, roads are few and hard to travel, and industry is practically non-existent. Our kitchen boys, 24 of them, all come from a few villages in Poonch, grouped around the little town of Bagh. They are a closely knit family. If one of our boys has to fall out, usually because of difficulties at home, a brother or cousin is always ready to take his place. We are willing to do quite a bit to keep our kitchen staff happy: meals for 300 people a day depend upon them! So a trip to Bagh was planned for the end of June. It would be a nice little vacation, we thought!

We should have listened to Gul Hussain, our chief cook! He begged us to take mountains of medicines and implements with us, and then proceeded to warn the countryside for fifty miles around! From the first morning out the little "Rest House" was besieged by patients, rich and poor, sick and sturdy, shy and vociferous, all of them female! The nearest woman doctor was sixty miles away. The entire civil population of the county of Bagh, 144 villages, 200,000 people, was

dependent for medical care on a few private doctors, all men, and the few beds in a section of the Military Hospital in Bagh. The women were simply starved for attention. Those who hadn't any problems came anyway, "just to have a look". They hadn't seen a "European" woman for ages!

All morning long we examined patients, one after another. A Gipsy baby, desperately ill with diarrhea was pushed ahead of the others. Proper hospital care might still have saved it, though its eyes were glazed already. We did what we could with injections, but we never saw it again. Another baby, this time with a nasty cellulitis, did very well on penicillin. The father was so delighted that the next day he brought five other children, and demanded medicine for every scratch and mosquito bite! A young woman with pneumonia was brought sixteen miles from the mountain tops, strapped onto a narrow bed. The sulfa drugs would have to pull her through: there was no one to give her injections after we left. For the rest, the usual pelvic diseases, plus the sterility problems, took up most of our time. For many the only answer was: "Come to Holy Family Hospital." If all of them show up, our census will soar out of sight, and I shall retire!

All day long crowds of people surrounded us, fascinated by the activity of these strange women. During meals and prayers they would retire to a respectful distance, but right after those breaks they would be on our necks again. So on the second afternoon we took the car right up the mountain, 9000 feet high, fifteen miles along the road, perhaps about five miles as the crow flies. Hairpin curves that would make your hair curl, but beautiful scenery, and perfect peace. The rice fields, narrow terraces along the deep ravine that had the water springs in its bed, were in their full fresh greenness. The corn was up also, and there were plenty of trees, even pine trees in the highest sections. On the way up no one bothered us. But they must have taken in the name "Holy Family Hospital" on the car, in Urdu script, for on our way back we were stopped several times, to look at patients. Two little boys, victims of polio, un-

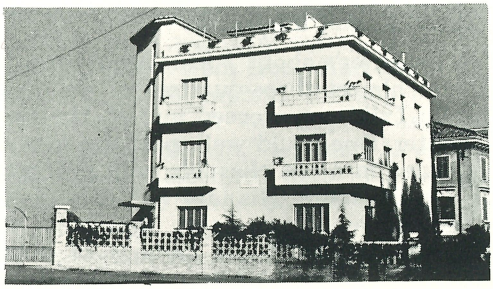
treated and already chronic were lined up along the road, their skeleton legs dangling from their mothers' laps. We talked about massage and exercises, but what was the use. Two bright-eyed little lads, for whom there was very little future. A little further on a woman supposed to be suffering from heart disease came tearing up the little goat path from her home. She wasn't even panting when she reached us! We assured her that her palpitations were harmless!

The patients were a welcome diversion from the road, which a sudden monsoon downpour had turned into nice, squoshy mud. Despite our four-wheel drive we slid and slithered down the curves, often within three inches of eternity: a 1000 foot drop and nothing between the road and the ravine. It took us two hours to get down, and we heaved a sigh of relief when the little mud houses of Bagh hoved into view. Apart from Army trucks and a few jeeps there is no traffic at all on that road. When the rain starts, the trucks stay home, and I don't blame them.

During our three days in Bagh the famous hospitality of the country nearly finished us. Gul Hassain parcelled out the honor of having the Sisters for a meal (among his best friends.) We never sat down twice in the same place. The curries were as mild as rice pudding, the *chappatties* hot and not greasy, and the cutlery travelled from place to place, in Gul Hassain's pocket. On Friday all we got was an omelet and vegetable curry: the cook had impressed the Friday abstinence on his friends! We had to tear ourselves away in the end. Several women surrounded the car as we were leaving, begging to be examined. A little probing made it possible to say: "We'll see you next year." Their troubles could safely wait that long! For the first ten miles of our trip we were stopped several times by relatives of our kitchen men, who wanted to pay their respects and hand over their little offerings: a few cookies, a bag of plums, and the inevitable roasted chicken! Our only hope of escape lay in the reiterated promise to repeat the trip next year. It's a fascinating country, and it does need help, very badly.

That Christ may give you His Peace and Joy now and throughout the New Year, is the heartfelt wish of the Medical Mission Sisters

NEWS FROM OUR HOUSES



New Generalate of the Medical Mission Sisters in Rome, Italy, opened September 30th.

MOTHER DENGEL WRITES FROM ROME

Piazza Cimone, 3
Monte Sacro
Rome
October 3, 1958

Dear Friends,

September 30th of this year has come and gone. It seemed a long walk from the milestone of September 30th of a year ago when the General Chapter decided to transfer our Generalate from Philadelphia to Rome, to facilitate the administration. A house had to be found in Rome, the members of the General Council transferred and innumerable matters attended to.

God's Providence was with us. We found a suitable house in a good location. It had served the Felician Sisters for several years as a Generalate and therefore it was adaptable, at least in some measure. Through the kindness of French Sisters we met an Italian gentleman who carried us over all the possible pitfalls of transactions in a foreign land. He advised and guided us with workmen, purchases and everything that a stranger has to know but does not know where to turn. Most of all, there was "Italiano"—how to say what one wants to say, is a real struggle at least for some weeks.

However, the longed-for September 30th arrived without major incident or accident. It marked the end of the first phase of our life in Rome—in retrospect, not easy, but strewn with many blessings. Very Reverend Christopher J. O'Toole, C.S.C., Superior General of the Holy Cross Fathers, who resides in Rome, offered the Holy Sacrifice in our chapel on that day. It marked the official opening of our Generalate. We were glad that it could be on September 30th, being the 33rd anniversary of the foundation of the Society. Besides the Council members and myself, several Sisters from Holland were present, constituting a real family group for the occasion.

The thoughts and prayers and good wishes of the Sisters in the forty houses spread over a wide area, centered on Rome on this year's Founda-

tion Day. All hope great things from Rome and all hope to pass through the Generalate at some time to see Rome and to receive the blessing of the Vicar of Christ. We also hope to see many friends of our Society, old and new.

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October 13, 1958

When we saw our Holy Father Pope Pius XII on September 28th we were looking forward to seeing him many times again. God willed otherwise. His sudden illness and death were a great shock which reached the ends of the world. Being here made it very personal and impressive . . .

On Sunday (Oct. 12) we went to St. Peter's about 7 a.m. Great crowds had already gathered. We had to stand almost three-quarters of an hour before our group could proceed. Actually I did not proceed myself, but was pushed on. Once in St. Peter's it was better. One could walk past the sacred remains of the Holy Father. He was vested in a red chasuble with a decorated white and gold shoulder-cape and white mitre. His face was extremely pallid, his features sharp. We filed by slowly. It was most impressive to see the Holy Father serenely resting in peace and the throngs of men, women and children keeping their eyes reverently on him as long as they could and then dispersing to the side aisles where many Masses were being said.

We happened to get to St. Thomas' altar where Rev. Father Placid from Malabar, India, was standing. He told us that a RAZA, a requiem for the Holy Father, would be chanted in the Syro-malabar rite. As we had not been to Mass, we stayed and received Holy Communion. We were glad to represent our Malabar Sisters, so to say, but of course we represented the whole Society in paying our last filial and loving homage to our late Holy Father, to whom we owe so much. R.I.P.

With best wishes and greetings from the Eternal City and assurance of a prayful remembrance, I am,

Yours very gratefully in Christ,

Anna Dengel

Mother Anna Dengel

PAKISTAN –

First Pakistan Archbishop Consecrated

August 24th was a big day here in Karachi, a day of real missionary achievement. For over a century Spanish Jesuits, Irish Priests and Dutch Franciscans have labored in this area. On August 24th, their work was rewarded. In St. Patrick's Cathedral, Karachi, the first Pakistani Archbishop was consecrated. The Cathedral was "jampacked" as one local paper termed the crowd. We arrived at 7:45 A.M. for the ceremony scheduled to start at 8:30. The Cathedral was already full, but the ushers managed to squeeze in four Medical Mission Sisters.

The Consecration and the Pontifical Mass lasted two and one half hours. The Franciscan Friars sang the Proper in beautiful Gregorian. The Parish choir sang the Common and the *Ecce Sacerdos Magnus.*

His Grace, The Most Rev. Joseph Cordeiro, Archbishop of Karachi, West Pakistan.

The celebrating Bishop was Archbishop Van Miltenberg. The two assisting Bishops were Bishop Cialeo (Italian Dominican) of Multan and Bishop Raymond of Allahabad, India, also a former Karachi boy.

Bishop Rogers, a French Capuchin of Lahore diocese, delivered the sermon. This venerable, white-haired old missionary, with a voice choked with emotion, began by saying, "His vocation comes from God." And then he went on to explain the supernatural side of all vocations. "Just a few moments ago," he said, "the Holy Spirit descended here in this sanctuary and made of this priest a high priest . . . entered him into the college of Apostles." At the end of his sermon, he said, "Although I am an old man, I, with my two colleagues, Bishop Hettinga of Rawalpindi, and Bishop Cialo of Multan, look forward to the day when we also may experience the joy that Archbishop Van Miltenberg has today, namely that of handing over our respective bishoprics to diocesan clergy.

The enthronement was touching. Archbishop Joseph Cordeiro is a slightly built man about the size of Bishop Sheen, with the same deep-set black piercing eyes. Although forty, he looks much younger. Archbishop Van Miltenberg is a tall man. He took the newly consecrated Archbishop by the hand. Bishop Raymond, also very tall, took his other hand and all three walked over to the throne. Then Archbishop Cordeiro sat on the throne. Then the pastoral staff was presented, after which the new Archbishop intoned the TE DEUM.

It all ended too soon. The beauty, the real meaning can never be put into words. A reception was given by the laity in the evening. Our Archbishop gave a fine talk in three languages, Urdu, English and Concannim. During his talk, His Grace explained the meaning of his coat of arms: the Karachi lighthouse with the Pakistan flag in the background and his motto, "All things to all Men," signifying that he wished to bestow equal solicitation on the diversity of racial and cultural groups in his flock.

His Grace is beloved by all. He is a former Karachi boy. His mother is alive and was present at the consecration. Dr. and Mrs. Cordeiro were married for eighteen years before God blessed them with children. Our present Archbishop was their first born. The good parents, in gratitude to God, distributed silver to the poor, equal in weight to the baby's weight. Afterwards another son was born to them. The second son is also a priest.

Sr. M. Dolores, R.N.
Karachi, W. Pakistan
Holy Family Hospital

Back to business in the tropics! Mother M. Benedict, Provincial, on visitation in Pakistan and India.

Snakes Alive

Last evening one of the nurses came running to tell me that there were two (not just one) big snakes in the purdah garden. I dropped everything and followed her, my curiosity overcoming a certain feminine squeemishness. Sure enough two kraits, male and female, wound around each other and swaying back and forth under the bouganvilla, and as soon as I approached, spitting their tongues a mile a minute. They fascinated me, they were so graceful in their movements.

By this time a few brave souls were watching from the steps and the windows in towards the garden were lined with faces. I ran to the office for a weapon and the only thing I could find was a wooden crutch. I grabbed this and called to the cleaning boy on duty (who promptly ran the other way) and hurried back to the snakes. By this time they were getting cagey and had curled up under a bush. I took a swat at one, but didn't do anything more than send one scurrying down the drain. The other one we cornered (some men had come to my rescue) and after chasing it up and down the building, we finally finished it with a good blow. It was easily two yards long and poisonous. The men (cheery fellows) told me that the male who got away would come back and revenge his fellow. All night long I had snakes climbing up my mosquito net . . . Small price to pay for a real snake story of my own!

"The first 36 sounds are the hardest!" says Sister M. Kieran, M.T., studying Urdu in Rawalpindi, Pakistan.

Sr. M. Pierre
Holy Family Hospital
Rawalpindi

INDIA—

How Lucky I Was to Break My Leg!

Two months ago, George was brought into the hospital. He fell out of a mango tree, where he had tried to pick some of the fruits, rightly or wrongly, I do not know. He was in a state of collapse, and his left leg was badly injured. He had a large wound on his chin right down to the maxilla. This was soon stitched up, but the leg only got a temporary splint, as George was in no condition to have anesthesia. The following day he was taken to surgery and put into a cast.

George is twelve years old. He

had a Christian name so we knew that he had been baptized, but that was about all that George knew, for he had never been to school. He did not know how to pray; no one ever taught him. His mother was dead. George didn't want to go to school, so he just didn't go.

When we first tried to teach him a few things he said, "Why bother? I live well doing just what I want to do so why can't I go on like this?" After a few days we gave him some blocks to play with, we also gave him a Malayalam primer, trying to teach him the alphabet, but there was little response.

Next we gave him a pair of scissors and some material to be cut for dressings. He had never seen or handled a scissors. This was interesting. Then he learned to make cotton balls. Finally Elizabeth, one of our students managed to teach him a little prayer. And then it happened! Dhevassy was admitted. Dhevassy had also climbed a tree, and broken his arm, a compound-fracture. He was about the same age as George and soon the two became friends. Dhevassy had made his first Holy Communion, and knew much more about his religion than George did. So Dhevassy took over the teaching, and some of the male patients became interested and helped.

On June 3rd George made his first confession to the hospital chaplain. He was very quiet that evening. The following day he had another long talk with the chaplain, and later on said: "Sister, am I not lucky that I broke my leg, otherwise this would never have happened." On June 5th, the Feast of Corpus Christi, George attended Mass lying on the stretcher trolley, and received his Lord and Maker, for the first time at the Communion of the Mass. "Yes," he said to Sister M. Th. Michael afterwards, "how fortunate I was to break my leg."

And George says "thank you" to all of you. He doesn't have a penny. But you, through your generosity, have made it possible for us to take care of him and others beside him. God bless you all this Christmastide.

Sister M. Stephanie, R.N.
A.A.J.M. Hospital
Thuruthipuram, Kerala,
S. India

Monkey Antics

We have had a terrible session with monkeys in the new hospital building. They thought they had found a new home. They drank out of patients' *sarais*' (water pitchers), opened taps to drink water, imitated people trying to chase them, and slept in the nurses' beds. One even ate the chocolate cake in one of the private patient's room. The patient was scared to death and kept praying that the old monkey would go away. When a nurse came by, the monkey jumped out of the window. They are really clever. One day two monkeys came to find some food. One stayed on guard in the hall, while the other went inside and found plenty of food in the patients' lockers. A nurse saw the monkey in the doorway and tried to scare him. He showed his teeth and made such a noise she fled in terror. Sister Carmella had the idea to make a big slingshot and carry stones in her pocket. She looked like David going after Goliath.

One day a Sister bought a new bottle of ink and put it in her place in the dormitory. When she came back, it was gone. There was Mr. Monkey in the air-vent over the door, holding the bottle in his hand. Everyone tried every means to get him to give it back, but he was adament. Perhaps he had some letters

to write. How do we know? Anyone seeing a monkey now, immediately runs for stones, so we are almost free of the scourge now.

Sister M. Carol, R.N.
Holy Family Hospital
Patna, India

AFRICA—

Preparing The Way To Heaven

Martin Dankwa recently died, the first death here at the Leprosarium. Martin's death was a happy event, spiritually. Two days before he died, Martin asked for and obtained Baptism from the hands of Father Owusu, the Africa parish priest. Martin, like most of our people was, an animist. It was wonderful that an African priest could administer Baptism to him, and that before that great event, he could be instructed by several of our Catholic patients in his own language.

It was not his leprosy that claimed Martin's life, but a kidney disease which took a turn for the worse. He was one of the first patients admitted to the Leprosarium, and Doctor says he was the best. The other patients, of course, were told of Martin's serious condition and according to their lights prayed for him. It is at times like this that one realizes the family spirit that exists between all of us. Sister M. Patricia

AT THE FIRST CATHOLIC WORLD HEALTH CONGRESS, BRUSSELS

Margaret M. Foley, Secretary, Conference of Catholic Schools of Nursing, St. Louis, Mo.; *Sister Maria Eucaristia,* C.C.V.I., Institute Cardiologe, Mexico City, D.F.; *Rt. Rev. Msgr. Donald A. McGowan,* National Catholic Welfare Conference, Washington, D.C., representing the Catholic Physicians Guild of the U.S. at the 8th Congress of the Federation of Catholic Physicians; *Sister Lacroix,* s.g.m., Institut Marguerite d'Youville, Montreal, Que., Canada, delegate to the 6th International Congress of Catholic Nurses; *Rev. Francis J. Smyth,* Executive Director of the Canadian Catholic Hospital Association, Ottawa, Ont., Canada; *Sister Miriam Hoover,* Administrator, Coromoto Hospital, MariaCaibo, Venezuela, speaker at the First International Congress of Catholic Hospitals; *Mother Anna Dengel, S.C.M.M.,* Rome, Italy.

used wonderful foresight in getting his body into a coffin and into the chapel as quickly as possible. It was the week of retreat for all parish priests. Father Owusu was in Kumasi with the rest of his confreres. That meant the patients and ourselves had to conduct the burial.

The young layman who acts as Leprosy Control Officer drove the coffin in the Settlement lorry to the burial ground, accompanied by the patients who cannot walk, and ourselves. At 2 P.M., the designated time of the burial, Mr. Thornley walked to the front of the Settlement Chapel to the accompaniment of the "Twi" hymns and began to nail the lid on the coffin which had been made that morning from beautiful African wood grown on our own farm. Because of the atmosphere of the Chapel and "Twi" hymns, it was possible to control the usual hysteria demonstrated on such occasions. Then the elected pall bearers carried Martin's body to the lorry. The patients still singing arranged themselves as if in choir on either side of the coffin. The singing continued all the way up the hill to the grave. Peter, the one we mentioned above, read the burial prayers in "Twi" and one of the boy-patients of the Frafra tribe, who is an animist too, held the crucifix at the head of the grave during the ceremony. The patients had lined the burial area with palm branches, very symbolic for a Catholic. About four of the able-bodied patients stepped forward to shovel the earth over the coffin and Ata, the boy who works at the Sisters' house, offered his services generously also.

Thus we see that life and death are both very simple here for the Christian, that is. For the animist both are full of the fear of evil spirits. It was wonderful to know that one more Ghanian had replaced that fear with love and that for him at least the symbolism of those palm branches is reality.

Sister M. Daniel

Sister M. Paula, R.N., Superior of Holy Family Hospital, Berekum, Ghana, coming out to meet the Prime Minister.

Kwame Nkrumah Visits Hospital

We had an unexpected visit from the Prime Minister in October. He was on a "Meet-the-people" tour of Western Ashanti. We knew he was coming to Berekum to visit the Chief and the Government Teachers' Training College, but apparently he was only interested in seeing government institutions. However, we asked the Berekumhene if it wouldn't be possible to have the Prime Minister just drive in and out of the hospital grounds. He said he would try. The night he was to arrive in Berekum, the people had gathered in all their finery on the grounds in front of the Chief's Palace, as the Prime Minister was scheduled to pass through and greet them. We all went out and had a long wait, until dark and then they announced that he would come the next day. All the Sisters and nurses had a feeling that they wouldn't see the Prime Minister at all.

The next morning about 10:15 a.m., we heard all sorts of commotion down at the hospital entrance. First a big lorry with twenty police arrived; they got out of the lorry and headed for the hospital. And of course our loyal gateman was reluctant at first, to let them in, but he was awe-stricken by the number of police. Pretty soon there was a loud sound of approaching cycles, and

throngs of people, and behind all this, some six or eight gorgeous Chevrolets, noiselessly purring along and some twenty very important people peering out and getting a good view of the place. At the gate the Prime Minister got out and with walking stick in hand walked from the gate to the hospital. By this time the whole place was in a dither. Grabbing the Guest Book from the parlor, I dashed down the path just in front of Sr. M. Gregory, M.D. who had come up from the Dispensary and both of us headed for the gate. We were out of breath when we got to the veranda. I recognized Mr. Patterson, the Secretary to the Regional Commissioner, and he said, "Of course you know the Prime Minister." So of course, we did. He has a very cordial personality and as we started to tour the hospital he said "I am sorry that I made you hurry" noticing that I was out of breath from running. We went through De Porres Hall and he was very impressed. He said he knew where he could come if he were ever sick and of course we told him we'd be most honored to have him come. He was also impressed by the cleanliness, and spaciousness of the wards. On maternity he went over to one of the mothers and asked to see her baby. After showing the baby to him, they made a recording of the baby's cry. The Minister of Information and Broadcasting, Mr. Kofi Baako, said that it would be broadcast on Radio Ghana, on Sunday morning! In all, the Prime Minister spent about half an hour going through the hospital, and we were indeed honoured by his visit. They had all sorts of pictures in the local papers.

Sister M. Paula, R.N.
Holy Family Hospital,
Berekum, Ghana.

They Dread the Fly

Occasionally one meets a herd of cows being driven down from the north. No cattle are allowed here because of the tsetse fly. Bekwai district (our nearest town, six miles away) is the heart of the tsetse fly belt. They still have sleeping sickness here. There are Medical Field Units dotting the country and they work especially diagnosing and treating the disease. The patients are very frightened of the tsetse fly. Sometimes there is a terrific commotion in the wards, when someone has seen one fly in. It is quite permissable to hit anyone to kill the fly, though at other times t h i s would be a serious affront.

Sr. M. Francis, M.D.
Kofofu Leprosarium
Ghana, W. Africa

Night School for Workmen

Believe it or not, we have had very cold weather (it goes down to 50° at night) for the past two months, no rain at all and all our water tanks are empty. The boys carry water every morning from the well in the Zongo.

We now have night school three times a week for the workmen on the grounds. John, one of our hospital employees, is teaching them English. They are really eager to learn.

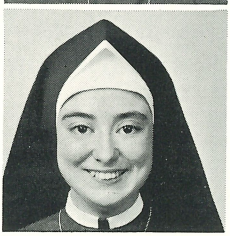
Sister M. Marianne, R.N.
Holy Family Hospital
Techiman, Ghana

Mission Assignments

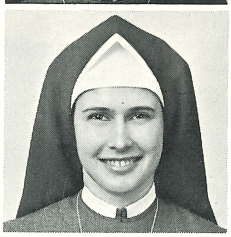
"And thou Child, shalt be called a prophet of the Most High, for thou shalt go before the face of the Lord to prepare His ways . . . " (antiphon from the feast of St. John the Baptist, taken from the Benedictus, sung at the Departure Ceremony of the Medical Mission Sisters).

Sr. M. Zita Sampon, Hospital Hskp. Milwaukee, Wisconsin, to Pakistan.

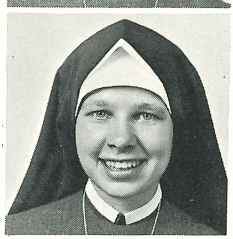
Sr. M. Dorores Paulus, R.N. Chester, Illinois, (Returned) to Pakistan.



Sr. M. Bernardine Premeaux, R.N., (anesthetist), Abbeville, La., to India



Sr. M. Terence Phelan, M.T. Shaker Heights, Ohio, to Pakistan.



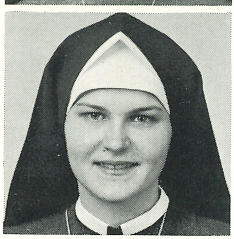
Sr. M. Claude Voss, M.D., Milwaukee, Wisconsin, to India.

The departure to the mission field shall be a joyful event and celebrated as such because it is a privilege and a grace to be sent to bring relief to the suffering and work for the extension of God's Kingdom."

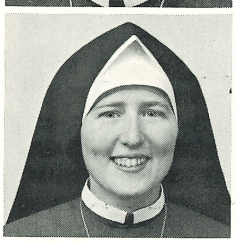
(Directives of Medical Mission Sisters)

Sr. M. Loretto Weig, Buffalo, New York, to the Generalate, Rome, Italy.

Sr. M. Simon Mehrl, D.D.S., Dubuque, Iowa. to Pakistan.



Sr. M. Benedicta Rowan, M.T., Philadelphia, Pa., to Venezuela, S. America.



Sr. M. Louis Schmid, B.S. Dietetics, Philadelphia, Pa. to Venezuela, S. America.

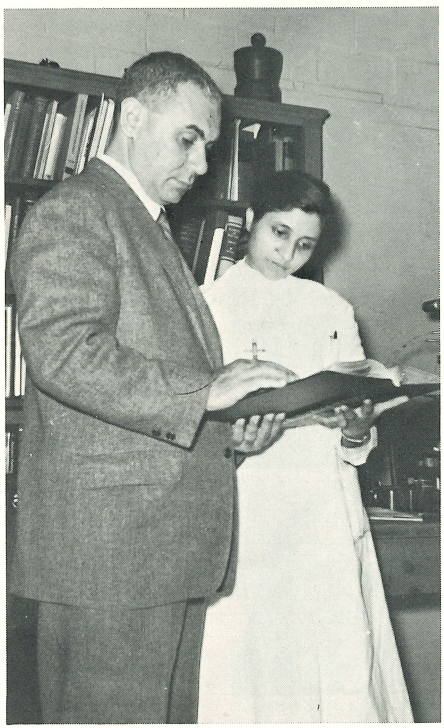
Sr. M. Charlotte Gusmano, Artist, Scarsdale, New York to Pakistan.

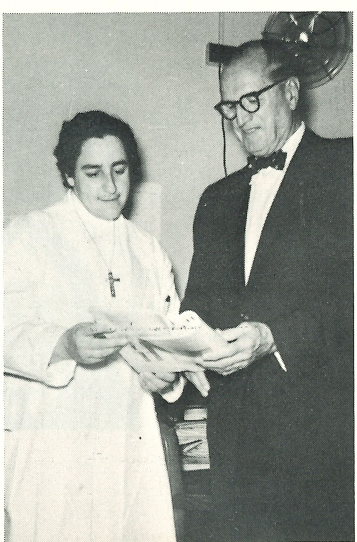
Sr. M. Gerard Burns, M.A. in Liturgy, Rutherford, New Jersey, to England.

SPECIALIZATION FOR THE MEDICAL MISSION APOSTOLATE

Sister M. Regis Polcino, M.D., graduate of Woman's Medical College, Phila., Pa., now specializing in Surgery at Hahnemann Hospital. Here, Sr. Regis meets Dr. F. Tropea, her Assoc. Professor of Surgery, at the elevator, ready for morning surgical rounds.

Sister M. Francisco Fernandes, M.D. received her medical degree from Bombay University, India. At present she is specializing in Pathology at Hahnemann Hospital, Philadelphia, Pa. Dr. J. Imbriglia is Professor of Pathology. (Sisters studying medicine wear a modified habit without a veil.)



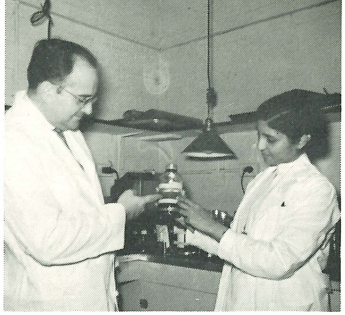


Sister M. Regis consults Dr. Wm. Martin, former Professor and Chief of General Surgery, about one of the Surgical Journals.

Medical Mission Sisters today are meeting the needs of the Medical Mission Apostolate by specialized training in surgery, pathology and other branches of medicine. Their purpose is to bring the best in medical care to the sick in mission countries under development. The Medical Mission Sister-Doctor meets with a diversity of diseases in these lands. At least 60 per cent of the patients require surgery, if health and life are to be preserved.

In this era of advancing medical knowledge, the Sister-Surgeon must bring to her patient not only Christ-like love and devotion but these must be combined with all the specialized skills and techniques that modern surgery puts at her disposal. At least ten years are required to develop the skills and efficiency of a Sister-Surgeon . . . four years of medical college . . . one year of rotating internship . . . five years of surgical residency in preparation for certification as a qualified surgeon. This same amount of time is required for a qualified pathologist, or any other specialty.

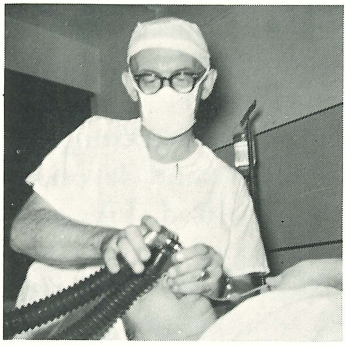
Sister M. Francisco, M.D. and Sister M. Regis, M.D. discussing Residency Training after a day's work is done.

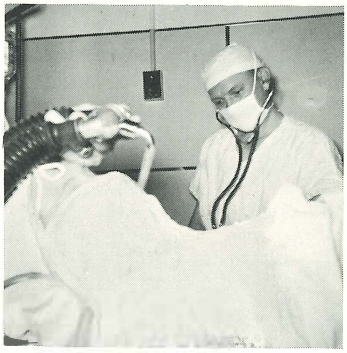


Heart surgery is a battle for life and requires the most exacting teamwork. Each member of the team is responsible for a specialized field.

LEARNING HEART SURGERY

Dr. Charles P. Bailey, father of open-heart surgery, is one of the most courageous innovators in heart surgery in the U.S. today. Dr. Bailey has many firsts to his name in cardiac surgery in general, especially in the field of new techniques. In June 1945, he was the first to put his finger into a living human heart to open up a scarred mitral valve. At present he is continuing his brilliant pioneering work at Hahnemann Hospital and the Bailey Thoracic Clinic in Philadelphia.



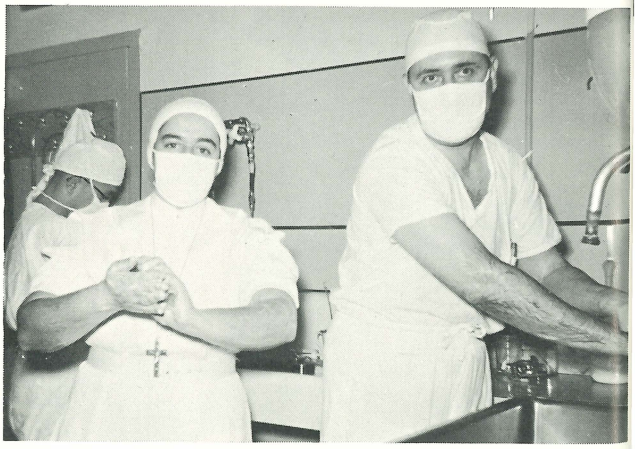


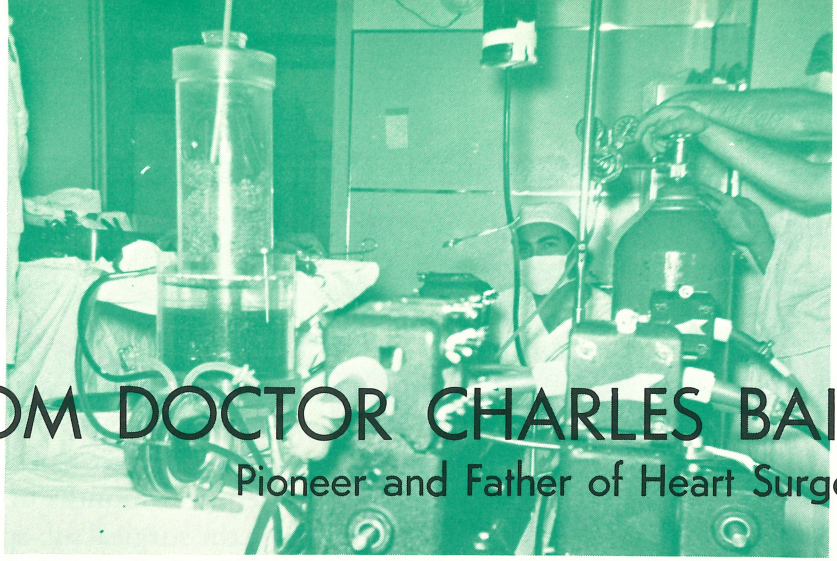
1. *Laboratory—Sister M. Francisco Fernandes, M.D. with the professor of clinical Lab. (Dr. R. Maniglia) checks Dr. C. Bailey's request for 15 pints of blood—amount used for an open-heart operation.*

2. *Anesthesiologist—Dr. W. Weiss, intubates the patient for anesthesia and surgery.*

3. *Heart Surgeon—Dr. H. Nichols, checks patient after endotracheal intubation.*

4. *Sister M. Regis and Dr. D. Blanco scrub up before preparing the heart-lung machine.*





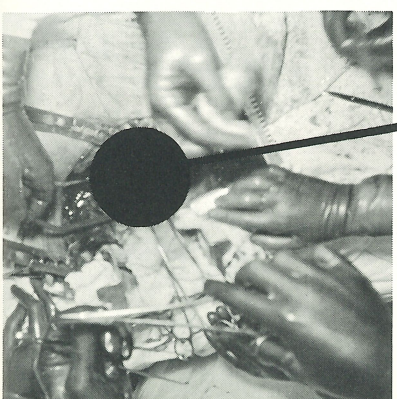
FROM DOCTOR CHARLES BAILEY

Pioneer and Father of Heart Surgery

5. *Heart-Lung mechanism for extracorporeal circulation. This machine is used to oxygenate the blood outside the lungs for intracardiac surgery.*

6. *Sister-Surgeon prepares the tubes for heart-lung machine.*

7. *Dr. Bailey with five assistants (Sister Regis being one of them) working on the incision for full exposure of the heart.*



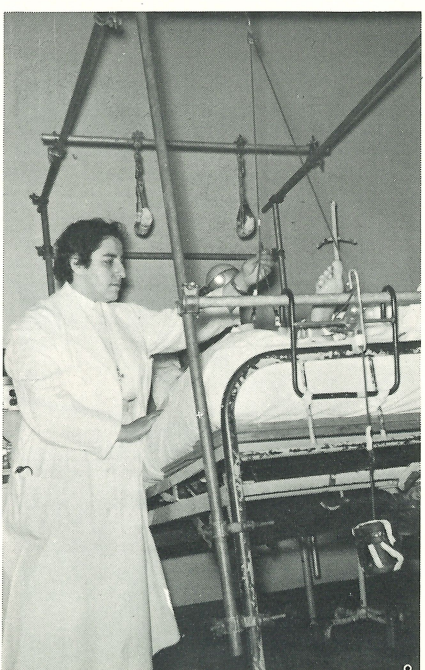
8. *Full exposure of the heart. All hands on deck!*

THE MEDICAL MISSION SISTER-SURGEON MUST BE SEVEN SURGICAL SPECIALISTS IN ONE

TEACHING SURGERY: A vital part of the surgical residency. Here medical students are being taught the principles of minor surgery.

To be well qualified for general surgery in the less developed areas of the world, requires months of training in the surgical sub-specialities under various chiefs. General surgery has its own professor and chief, Dr. John Howard.

UROLOGY: Sister checking patient after a kidney operation. Dr. J. Gislason nods approval!



ORTHOPEDICS: It takes ingenuity to rig this up!

TEACHING SURGERY

UROLOGY

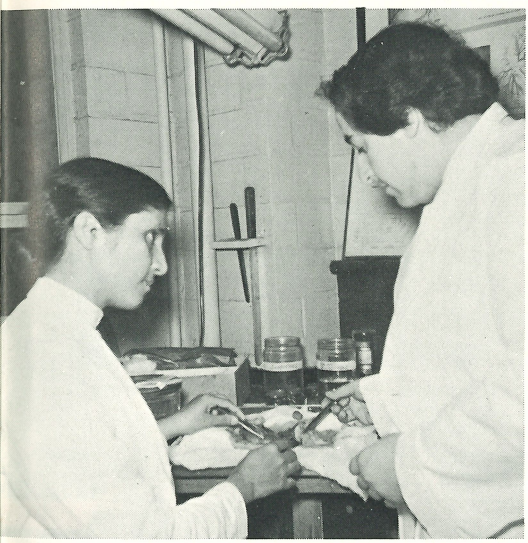
ORTHOPEDICS

NEUROSURGERY

EMERGENCY SURGERY

PATHOLOGY

NEUROSURGERY: Dr. A. K. Olsen, Chief of Neurosurgery, expertly supervises the cerebral arteriogram as Sister shoots the dye.



PATHOLOGY: Sister M. Francisco Fernandes, pathology resident, looks over surgical specimen with Sister Regis.

EMERGENCY SURGERY: Surgical Resident supervises patient care. Sprained ankle is bandaged.

Fourth day post-operative. Patient excellent! Heart defect cured.

Miss Pauline Young, O.R. Supervisor, shows Sister new plastic tubing, "good equipment for the Missions, Sister."

Sister M. Regis, M.D. correlating text book knowledge with clinical experience.

Back to work after a week-end at Fox Chase, Phila.

Yes, the Medical Mission Sisters are able to meet the needs of the Medical Mission Apostolate through the generosity of their benefactors and especially those doctors who have played a vital role in the preparation for specialization. To them we owe our gratitude.

Prime, Meditation, and Holy Mass at the Cathedral Chapel near Habnemann, prepares the Sisters for the next day's work.

Sister M. Cuthbert, M. A.

WHO IS MY NEIGHBOR?

MISSION INTENTION FOR NOVEMBER

That Catholics in Latin America will rise up and efficaciously oppose the dangers that threaten faith and morals.

U.S. MISSIONARIES IN LATIN AMERICA in 1958 include 970 priests, 968 Sisters, 126 Brothers—big increase, but many more needed. Also needed: lay missioners and Catholic English teachers.

BRAZIL IS 93% CATHOLIC. Main problem: Not enough priests. Millions living in the Jungle area cannot get to Mass or the Sacraments. Catholics turning to Spiritism, Communism, or other Christian sects. Only 1 priest per 6700. A thought: Say one prayer today for priests for Brazil.

MISSION INTENTION FOR DECEMBER: For the Church on the island of Formosa.

TWO STORIES OF SUCCESS

KOREA: more than 1,100 Collegians and graduates crowd weekend lectures on Christian Doctrine for inquirers at Seoul.

SOUTH VIETNAM: converts pouring in so fast, priests cannot keep up with instructions.

MAINLAND CHINA: Holy See is concerned about a serious schism. Bishops of "Patriotic Party" are validly consecrating other Bishops without consent from the Holy See. Will we have another Eastern Separated Church? Pray that the progress of schism in China may be arrested . . . that Catholics may have the courage to make any sacrifice for their Faith.

COMMUNISTS INTO INDIA

Kerala State, where the Medical Mission Sisters have three hospitals and a novitiate, already has a Communist State Government. Communist text books in school, 18 or more Catholic schools closed. Most of the people are desperately poor. Pray for the people of Kerala.

INDIA'S PLIGHT: More than twice the population of the U.S. living on less than half the land (very poor land at that) with poor health and half the life expectancy, earning on an average as much in a year as the average American earns in a week.

Social and economic progress has been rapid. The second Five Year Plan now under way is an attempt to extend irrigation, roads, railways, heavy industry, etc. deperately needed. Now India needs foreign exchange,—that means confidence, trust, understanding. India is a nation that pays its debts. How much do we know of her position? How much do we care? How much are we ready to sacrifice to help her?

ISLAM IS NOT ASLEEP

In Northern Nigeria Islam is converting people ten times as fast as the Catholic Church. One reason is that Islam allows polygamy. Pray that Christ's Kingdom may come in spite of all obstacles.

MEDICAL MISSION WORLD

Sister M. Janice

HEALTH PROGRAM FOR ARAB REFUGEES

In the 1948 war in Palestine several hundred thousand Arabs were forced to leave their home land and settle in other countries. Such a mass evacuation brought with it many serious health problems. To meet these problems and help the refugees, various international groups were organized. In 1950, the U.N. Relief and Works Agency took over and is now conducting a health program serving a million people in four countries. The health program is staffed largely by Palestinian Arabs, and includes 120 doctors and dentists, over 100 nurses and more than 350 auxiliaries and midwives. Last year a quarter million refugees were inoculated against typhoid, a half million against small pox, 51,000 against diphtheria and 32,000 against whooping cough.

World Medical Journal
September, 1958

LEPROLOGY SEMINAR IN BRAZIL

Experienced leprologists met in Belo Horizonte, Brazil June 30—July 7th to discuss such topics as: Extent and scope of the problem of leprosy in the Americas: Results of isolation in the control of leprosy; Mass treatment programs; Prevention; and Organization of leprosy control programs and their integration in the general public health services. The assembly of public health workers have done much to clear the way to remove the stigma from leprosy by condemning and abandoning those public health practices which in themselves serve in one way or another to perpetuate discrimination against patients with leprosy and their families.

THE STAR
July-August 1958

PUBLIC HEALTH WORKSHOP, JAMSHEDPUR

A Public Health Workshop was held at Jamshedpur recently under the auspices of the Catholic Hospital Association of India, conducted by Miss Lilliam Bischoff from the Technical Cooperation Mission. Sister representatives came from Hospitals in Jamshedpur, Jamalpur, Mokameh, Patna, Mandar, New Delhi, Ajmere, Calcutta, and others.

The three main topics that were discussed were:

1. Generalized Public Health—the family as a unit of service.
2. Public Health Nursing in T.B.
3. Integration of Public Health in the Basic Curriculum.

There were lectures on T.B., Malnutrition, and Blindness by specialists because it was felt that these are the most prevalent Public Health Problems in India.

Sister M. Evelyn, S.C.M.M., M.T., gave a paper on "The Nature of the Organisms" and also answered questions from the floor.

Mr. Hughes, an American and an outstanding leader in the community, gave an inspiring talk on "Developing Leadership in an Individual."

Sister M. Felicitas, R.N. S.C.M.M.
New Delhi, India

Christmas Presents For the Missions

ASPIRATOR
A portable one for the operating room in A.A.J.M. Hospital, Thuruthipuram, S. India. $99.50

BOOKS
For Sisters' Library
1 Set (10 needed) $10.00

CENTRIFUGE
12 tube size for a small Mission $50.00

DIAPERS
For our hundreds of babies in Holy Family Hospital, Rawalpindi, W. Pakistan.
12 doz. needed. *1 doz.* $2.53

FLASHLIGHTS
Hard rubber or non-rust type for tropical use in A.A.J.M. Hospital, Thuruthipuram, Kerala, S. India.

GAUGE SQUARES (4" x 4")
For Holy Family Hospital, Dacca, East Pakistan.
4,000 needed. *per 1,000* $8.77

KOROSEAL SHEETING
For examining tables in new Holy Family Hospital, Patna, India.
25 yards needed. *per yd.* $1.00

NATIONAL GEOGRAPHIC MAGAZINES
Back issues gratefully received for our mission libraries.

RAINCOATS FOR SISTERS
Holy Family Hospital, Mandar, India.
5 needed. *per coat* $12.50

MEDICAL MISSION SISTERS, PHILADELPHIA, PA.

Dear Sisters:

Here is my gift $.....*towards your mission needs in*.....

Name .....

Address .....

City ..... *Zone*..... *State*.....

+ HOLY MARY MOTHER OF GOD +

PRAY + FOR US SINNERS +

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my contribution $..... towards helping the Sisters reach their destination — more housing.

Name .....

Address .....

City ..... *Zone*..... *State*.....